

# Town of Washington

## News and Calendar



February, 2006

### Chamber of Commerce – Celebrating Winter, Island Style

Once again the Island Chamber of Commerce works its magic to do away with the winter blahs, alleviate cabin fever, and help us all to enjoy the middle of February. Even if, as this is written, the weather seems more like March than February, we know that somehow we'll all have a good time. Highlights follow:

The festivities begin on February 3 with a snow and ice sculpting contest, with judging on February 10<sup>th</sup> and awards presented on the 11<sup>th</sup>.

The Fish Derby officially begins on February 11, and the WI School Student Council presents "**A Winter Carnival**" at the Island Camping Retreat. Bethel Builders are sponsoring an **Abelskeivers Dinner** from 5 – 7 PM at Bethel Church.

On February 17<sup>th</sup> KK Fiske and The Granary host an Island Fish Boil, and Island Players presents "The Mousetrap" by Agatha Christie – 7 PM at the PAC.

On February 18<sup>th</sup> there's a chili cook-off at Karly's bar and Cellar Restaurant, starting at 11:30 AM, with the Snowflake Ball beginning at 7:00 PM. Also, Island players presents "The Mousetrap" again at the PAC.

Festivities conclude on February 19<sup>th</sup> with the **Snowflake Parade** at approximately 11:45 AM, escorting the snow king and queen to Nelson's Hall. The W.I. Lions Fish Derby and Celebrating Winter end officially at Noon with judging and brats, hot dogs, baked

beans, salad and bingo at Nelson's.

### Update on Island Medical Concerns

As most of you know by now, the Clinic Advisory Committee, composed of Medical Committee chair David Raup, Town Chairman Dutton Morehouse, and Dr. Terry Henkel, has been working for many months to negotiate a new Agreement with North Shore Medical Clinic/Ministry Health to operate the Washington Island Clinic.

Given the competing facts that successful negotiations need to be conducted in private, and the justifiably extreme interest of Islanders in this process, there have inevitably been some misunderstandings and misinterpretations.

Let me say emphatically and upfront that our discussions have been conducted without animosity or prejudice.

North Shore Medical Clinic/Ministry Health has made it clear that they will not enter into an Agreement that does not give our

Island doctor freedom from answering any calls, including 911 calls, for 50% of all non-clinic hours. We believe that it is unsafe, and therefore unacceptable, to leave the entire Island community without a licensed medical decision-maker 50% of the time for evenings, nights, weekends and holidays. Let me say clearly and emphatically that we are committed to finding a way to resolve this problem.

Our sole goal and desire has been and continues to be to find a way to guarantee to the Island that a medical decision-maker will be available on the Island as close to 100% of the time as is reasonably possible. Given our isolation and inability to get into a car or ambulance and drive to the Door County Memorial Hospital Emergency Room at any hour of the day or night, we believe that the availability of a medical decision-maker is vital.

In our effort to arrive at a solution

that is reasonable and acceptable to all parties, we have presented two possible scenarios. We recognize that there are other possible scenarios that may solve the Island's medical needs as well, and we are open to discussing those possibilities.

In the interest of providing full information to the citizens of Washington Island, I am reprinting on the next page the full text of the memorandum we recently sent to Door County Memorial Hospital/Ministry Health. To date these issues have not been resolved.



The cast of Agatha Christie's "The Mousetrap," to be presented by Island Players February 17 – 18 at 7:00 PM at the Trueblood Performing Arts Center. L – R: Front Row – Lillie May Shadle, Carol Amadio, Jenny Graham and Laurie Seebart; Back Row – Neil Shadle, Tom Noonan, Steve Reiss, Ham Rutledge. Directed here by Joyce Morehouse, "The Mousetrap" is the longest running play ever presented on the London stage and is sure to delight Island audiences.

*Continued on reverse.*

*[Note: Gerald Worrick is President and CEO of DCMH/Ministry Health; Greg Holub is Vice president of Clinic Services.]*

TO: Gerald Worrick  
CC: Greg Holub; Rajesh Patel  
DATE: January 20, 2006  
RE: Washington Island Clinic Agreement

Since the (December Clinic Advisory Committee) meetings in Sturgeon Bay and Fish Creek, with some time out for holiday travel, we have given a great deal of thought to the terms of the Agreement as most recently promulgated.

When we drafted, at your request, the Protocol language concerning how medical coverage would be handled after hours, we were relying to a great extent upon the feeling expressed by Gerry Worrick at the December Sturgeon Bay meeting to the effect that he felt that the physician would respond to a call from one of his peers in the DCMH on-call rotation. Since we have been given to understand that a system such as Nurse Direct can reduce physician involvement in after-hours calls by as much as 70%, this seemed to be a reasonable solution: The Island physician would only be called if a physician, after evaluating the patient, decided that the patient needed to be seen. In the same vein, in the case of a 911 call, if the Rescue Squad put the patient under the medical control of the DCMH Emergency Room, as does Door County EMS, the ER Physician could request that the Island physician meet the ambulance at the Clinic if evaluation or advanced life support treatment was deemed necessary prior to transport.

However, we were informed after the Fish Creek meeting that our understanding was incorrect – that the Island physician would not respond to either an on-call colleague or a 911 call on those days when he had scheduled himself to be “off-call”; and that DCMH agreed with this position.

As we have expressed before, the idea that the citizens of and visitors to Washington Island would, by contract, have no access to an on-Island medical decision-maker for 50% of the non-clinic hours, is frankly unacceptable. Please keep in mind that our situation is in marked contrast to mainland Door County because our EMS does not have (and could not have) even one paramedic.

Therefore, after much thought and after presenting the current dilemma to a Town

Forum attended by some 60 people, we propose two alternative scenarios:

### Scenario One:

We spell out in detail our original understanding of how the existing draft Protocol would work, as follows:

All non-emergency after hours calls from or on behalf of patients go to Nurse Direct. After evaluation by the responding health professional, the call may be forwarded to the on-call physician who contacts the patient or family, evaluates the situation and may offer treatment modalities over the telephone. If the contact with the on-call physician is able to resolve the problem, no further action is needed or taken. However, if the on-call physician makes a judgment that the patient's condition and/or symptoms as described warrant immediate attention by a physician, he or she will call the Island physician, who will respond if he/she is physically on the Island.

Further, the Island physician will inform the Clinic staff, the Town Office and the Rescue Squad of the monthly on-call schedule not later than the 25<sup>th</sup> of each preceding month.

### Scenario Two:

North Shore Medical Clinic hires a mid-level provider (licensed Physician's Assistant or Nurse Practitioner) to work with the physician, so that there will normally be two medical decision-makers on the Island, thereby making it possible for the physician to be off-call half of the time without diminishing emergency and after-hours health coverage on the Island.

To offset the added cost of a mid-level provider on the Island, we have considered the fact that DCMH incurs costs of some \$50 – 60,000 per year to provide a *locum tenens* during the physician's periods of vacation and Continuing Medical Education. If a mid-level provider is included in the mix, with the express understanding that they will be available 24/7 when the physician is away, the additional cost will be greatly reduced. In fact, since the ability of a mid-level provider to serve a number of people who may not now be using the Clinic may well increase the number of patient encounters, it can be argued that there may be negligible increase in costs.

In addition, the mid-level provider can function as School Nurse, which position is non-existent at the present time, and will tend to draw more children into the Clinic practice. Also, the mid-level can play an

active role in the developing Community Health Program – which, again, has the capability of increasing billable patient visits to the Clinic.

Also, the economic viability of this plan is enhanced by the fact that physician absences of fewer than seven days can be covered by the mid-level. This will avoid the serious difficulty we have had with the present agreement whereby DCMH is obligated to cover short absences but has failed to do so in all but three instances in almost five years due to staff shortages or financial considerations.

We are keenly aware that either scenario requires the complete and effective agreement and full cooperation of the physician. We are hopeful that this may be secured. We want to stress that our first desire is to make the existing relationship with DCMH and with the physician work. Our problem is that having no medical decision-maker available on the Island for 50% of the non-clinic hours is unsafe, unnecessary and therefore not acceptable.

We look forward to discussing with you how one of the above scenarios may be incorporated into the Agreement between DCMH and the Town of Washington. I am confident that we can transform the present effort into a truly functioning health clinic.

*At the January 30 meeting of the Medical Committee, a motion was approved to recommend to the Town Board that they agree to the language in the Agreement with DCMH that would give the doctor freedom from taking calls for 50% of the non-clinic hours, with the further*

*instruction that the Committee and the Board continue to work hard to find a way to resolve the issue and provide 100% coverage. As I have stated before, because of the importance of this issue to all Islanders, no such action will be taken without an advisory vote at a special Town Meeting.*

Also at this meeting, Dr. Patel and Greg Holub indicated that, under certain conditions, they would accept the addition of a mid-lever provider (nurse practitioner or physicians assistant) to handle on-call when the physician is unavailable, as well as vacations and other absences. We welcome this, and will thoroughly explore this option with the hospital.

Dutton Warehouse

***Town Chairman***

